**HOSPITAL DATA RECORD FORM**

Thank you for your participation!

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state your institutional affiliation, academic position and postgraduate qualifications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (As it would appear in a paper for publication)

Do you have a GCP certification?  Yes  No

Have you been confirmed as:

 National Lead Investigator

 Provincial /Regional Lead Investigator

 Hospital Lead Investigator

 Hospital Investigator

(Check ALL that apply)

Country name:

Name of the regulatory approval committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the province/ state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name of hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GPS Co-ordinates of Hospital (Degrees Minutes Seconds format):

\_\_ \_\_ °\_\_ \_\_’ \_\_ \_\_.\_\_” \_\_ \_\_ °\_\_ \_\_’ \_\_ \_\_.\_\_”

Level of Hospital Care (see definition below):

 First level

 Second level

 Third level

|  |
| --- |
| **Table:** Definitions of Levels of Hospital Care |
| **Level of care** | **Alternative terms commonly found in the literature** |
| *First-level hospitals:* Few specialties—mainly internal medicine, obstetrics and gynecology, pediatrics, and general surgery; often only one general practice physician or a nonphysician practitioner; limited laboratory services available for general but not specialized pathological analysis; from 50 to 250 beds. | Primary-level hospitalDistrict hospitalRural hospitalCommunity hospitalGeneral hospital |
| *Second-level hospitals:* More differentiated by function with as many as 5 to 10 clinical specialties; from 200 to 800 beds. | Regional hospitalProvincial hospital (or equivalent administrative area such as county)General hospital |
| *Third-level hospitals:* Highly specialized staff and technical equipment—for example, cardiology, intensive care unit, and specialized imaging units; clinical services highly differentiated by function; could have teaching activities; from 300 to 1,500 beds. | National hospitalCentral hospitalAcademic or teaching or university hospital |

Is this hospital:

 Government-funded

 Privately funded

 NGO/Mission/Charity facility

 University hospital

(Check ALL that apply)

Number of hospital beds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of operating rooms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many operating lists are done per week?

How many surgical cases in total are done on average per month in your hospital?

How many surgical cases in patients <18 years are done on average per month in your hospital?

Does your hospital administration capture data on surgical volume? Yes No

Does your hospital administration capture variables that can be used to determine perioperative mortality?

Number of paediatric critical care beds allowing invasive ventilation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of paediatric critical care beds not allowing invasive ventilation: \_\_\_\_\_\_\_\_\_\_\_\_\_

Number of full-time specialist paediatricians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of full-time specialist surgeons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of full-time specialist anaesthesiologists: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do any of the specialist anaesthesiologists do paediatrics only?  Yes  No

If yes, how many?\_\_\_\_\_\_\_\_

Is there a hospital protocol for paediatric preoperative fasting?  Yes  No

Are blood transfusions performed at this facility?  Yes  No

Does the hospital have a blood bank on site?  Yes  No

Medication availability

Have you had atropine available to you every time you have needed it?

 Always  Sometimes  Never

Have you had fentanyl available to you every time you have needed it?

 Always  Sometimes  Never

Have you had epinephrine available to you every time you have needed it?

 Always  Sometimes  Never

Equipment

Are your operating rooms adequately equipped to safely perform:

Anaesthesia in:  Neonates (0-28 days)

  Infants (29 days–1 year)

  Children 2-5 years

  Children 6-1years

  Adolescents 13-17 years

Surgery in:  Neonates (0-28 days)

  Infants (29 days–1 year)

  Children 2-5 years

  Children 6-12 years

  Adolescents 13-17 years

Do you have a reliable electricity supply?  Always  Sometimes  Never

Do you have a reliable oxygen supply?  Always  Sometimes  Never

Do you have functioning incubators?  Yes  No

Do you have functioning electric patient warming devices?  Yes  No

Is there a dedicated Paediatric Emergency Airway trolley in the operating complex?  Yes  No

Is there a hospital protocol for paediatric emergency airway management? Yes No

Factors which may affect patient throughput during the study period

Are there any national holidays during the study period?  Yes  No

If yes, how many days?

Are there any school holidays during the study period?  Yes  No

If yes, how many days?

Any other potential issues which you believe may affect patient throughput during the study period? e.g. building renovations, equipment issues etc

Please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local ethics approval confirmed  Yes  No

Name of ethics committee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local data governance approval confirmed  Yes  No

Name of data governance committee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other local regulatory approval confirmed  Yes  No

Name of local regulatory committee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm this above information is correct

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